

| AMENDMENT TRANSMITTAL LETTER | | | | Docket No. 2585-0126PUS1 | |
|--|---|---|-----------------------------------|---------------------------------|-----------------|
| Application No. 10/538,277-Conf. #9420 | Filing Date June 10, 2005 | Examiner Z. Vakili | Art Unit 1614 | | |
| Applicant(s): Claudia Angelica SOTO PEREDO | | | | | |
| Invention: PHARMACEUTICAL COMPOUND CONTAINING SILYMARIN AND CARBOPOL, ITS MANUFACTURING PROCESS AND ITS USE AS A REGENERATOR OF THE PANCREATIC TISSUE AND CELLS OF ENDOGENOUS SECRETION DAMAGED BY DIABETES MELLITUS | | | | | |
| MS Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 | | | | | |
| Transmitted herewith is an amendment in the above-identified application. | | | | | |
| The fee has been calculated and is transmitted as shown below. | | | | | |
| CLAIMS AS AMENDED | | | | | |
| | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate | |
| Total Claims | 27 | - 29 = | 0 | x 50.00 | 0.00 |
| Independent Claims | 2 | - 3 = | 0 | x 210.00 | 0.00 |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | 370.00 |
| Other fee (please specify): Extension for response within third month | | | | | 1,050.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: | | | | | 1,420.00 |
| <input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity | | | | | |
| <input type="checkbox"/> No additional fee is required for this amendment. | | | | | |
| <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>02-2448</u> in the amount of \$ <u>1,420.00</u> . A duplicate copy of this sheet is enclosed. | | | | | |
| <input type="checkbox"/> A check in the amount of \$ _____ is enclosed. | | | | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below. A duplicate copy of this sheet is enclosed. | | | | | |
| <input checked="" type="checkbox"/> Credit any overpayment. | | | | | |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. | | | | | |
| Mary Anne Armstrong, Ph.D. Attorney Reg. No.: 40,069 | | | | Dated: <u>December 18, 2007</u> | |
| BIRCH, STEWART, KOLASCH & BIRCH, LLP 8110 Gatehouse Road Suite 100 East P.O. Box 747 Falls Church, Virginia 22040-0747 (703) 205-8000 | | | | | |

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

| | | | |
|--|--|---------------------------------|------------------------------|
| <p><i>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i></p> <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2008</h3> | | <p>Complete if Known</p> | |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Application Number | 10/538,277-Conf. #9420 |
| | | Filing Date | June 10, 2005 |
| | | First Named Inventor | Claudia Angelica SOTO PEREDO |
| | | Examiner Name | Z. Vakili |
| | | Art Unit | 1614 |
| TOTAL AMOUNT OF PAYMENT | | (\$) | 1,420.00 |
| | | Attorney Docket No. | 2585-0126PUS1 |

METHOD OF PAYMENT (check all that apply)

☐ Check
 ☐ Credit Card
 ☐ Money Order
 ☐ None
 ☐ Other (please identify): _____

☒ Deposit Account
 Deposit Account Number: 02-2448
 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below
 ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17
 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 310 | 155 | 510 | 255 | 210 | 105 | |
| Design | 210 | 105 | 100 | 50 | 130 | 65 | |
| Plant | 210 | 105 | 310 | 155 | 160 | 80 | |
| Reissue | 310 | 155 | 510 | 255 | 620 | 310 | |
| Provisional | 210 | 105 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|--|----------|-----------------------|
| Each claim over 20 (including Reissues) | 50 | 25 |
| Each independent claim over 3 (including Reissues) | 210 | 105 |
| Multiple dependent claims | 370 | 185 |

Total Claims: 27 - 20 = 0 x 50.00 = 0.00
 HP = highest number of total claims paid for, if greater than 20.

Multiple Dependent Claims:
 Fee (\$): 370.00 Fee Paid (\$): 370.00

Indep. Claims: 2 - 3 = 0 x 210.00 = 0.00
 HP = highest number of independent claims paid for, if greater than 3.

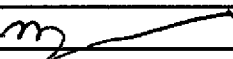
3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|-------------|---------------|
| <u>27</u> | <u>0</u> | <u>0</u> | <u>0.00</u> | <u>0.00</u> |

4. OTHER FEE(S)

| | Fees Paid (\$) |
|--|-----------------|
| Non-English Specification, \$130 fee (no small entity discount) | |
| Other (e.g., late filing surcharge): <u>1253 Extension for response within third month</u> | <u>1,050.00</u> |

| | | | | | |
|-------------------|---|-----------------------------------|--------|-------------------|----------------|
| Signature |  | Registration No. (Attorney/Agent) | 40,069 | Telephone | (703) 205-8000 |
| Name (Print/Type) | MaryAnne Armstrong, Ph.D. | | Date | December 18, 2007 | |